

RFP #: 2016-HIE-01**Alabama Health Information Exchange (HIE) Development and Operation RFP****Round 1****Vendor Questions and Agency Answers****February 17, 2016**

Question ID:	1
Date Question Asked:	2/1/16
Question:	I have been anxiously awaiting the bid for electronic health records for Alabama. Is this HIE bid something different?
Section Number:	I. Background
RFP Page Number:	7
AGENCY Answer:	The Alabama Medicaid Agency on behalf of the Alabama Health Information Exchange Advisory Commission is soliciting proposals to provide a statewide Health Information Exchange infrastructure for physicians, hospitals, mental health providers, other health care organizations, and consumers. Alabama's Health Information Exchange (HIE) is called One Health Record® (OHR). The purpose of this Request for Proposal (RFP) is to obtain vendor services and expertise for the continued development, construction, operation and support of the OHR.
Question ID:	2
Date Question Asked:	2/2/16
Question:	I received this solicitation bid request in my inbox a couple days ago and I wanted to get more information on what this was regarding. I saw in the attachment it says "communication and media related services" then later states "consulting services" is there more specific information that you can give us?
Section Number:	I. Background / II. Scope of Work
RFP Page Number:	Pages 7 – 25
AGENCY Answer:	Please see the 2016-HIE-RFP for specific details on the RFP. The RFP is posted at: http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.4_Procurement.aspx
Question ID:	3
Date Question Asked:	2/3/2016

Question:	Our team is preparing questions for the February 5, 2016 submission. We have two questions with regard to formatting. Is there a cover sheet we need to use? Do we simply send the questions via email?
Section Number:	N/A
RFP Page Number:	N/A
AGENCY Answer:	No, there is no standard for the coversheet for questions. As stated in Section VII.D of the RFP, each question must be submitted to the Project Director via email.
Question ID:	4
Date Question Asked:	2/3/2016
Question:	Is there a process we need to follow to declare that we will be submitting a response to the RFP?
Section Number:	N/A
RFP Page Number:	N/A
AGENCY Answer:	No.
Question ID:	5
Date Question Asked:	2/5/2016
Question:	Are vendors required to register with the State in the Procurement section of the Medicaid website in addition to submitting the response to the RFP?
Section Number:	X.B and X.II
RFP Page Number:	37 and 45
AGENCY Answer:	No. Refer to Section X.B and Section X.II of the RFP.
Question ID:	6
Date Question Asked:	2/5/2016
Question:	Is there a date when vendors must declare their intent to respond to the OHR RFP?
Section Number:	N/A
RFP Page Number:	N/A
AGENCY Answer:	No.
Question ID:	7
Date Question Asked:	2/5/2016
Question:	Is it publicly available how much funding from the state is available for the HIE RFP?
Section Number:	N/A
RFP Page Number:	N/A

AGENCY Answer:	No.
Question ID:	8
Date Question Asked:	2/5/2016
Question:	In Section B; Schedule of events, is the migration and go-live date correctly stated as 11 calendar days after the contract award/commencement of work?
Section Number:	B
RFP Page Number:	3
AGENCY Answer:	The Schedule of Events is as stated in Section B of the RFP.
Question ID:	9
Date Question Asked:	2/5/2016
Question:	Is OHR required by State procurement rules to re-bid after expiration of the initial term?
Section Number:	N/A
RFP Page Number:	N/A
AGENCY Answer:	No. As stated in Section X.C of the RFP, at the end of the contract period, Alabama Medicaid may at its discretion, may exercise the extension option and allow the period of performance to be extended at the rate indicated on the RFP Pricing Section.
Question ID:	10
Date Question Asked:	2/5/2016
Question:	Is OHR seeking to replace their existing vendor? If so, why?
Section Number:	N/A
RFP Page Number:	N/A
AGENCY Answer:	The OHR is seeking a vendor to provide a health information exchange solution, responsive to the specific requirements as detailed in this RFP.
Question ID:	11
Date Question Asked:	2/5/2016
Question:	Please describe the nature of the existing 45 connections as well as the pending and In-Progress connections?
Section Number:	I
RFP Page Number:	7
AGENCY Answer:	The nature of the existing 45 connections are CCDA, HL7, IHE, both in hospital and clinical settings. (see Answer #13 for more information)

Question ID:	12																										
Date Question Asked:	2/5/2016																										
Question:	What types of interfaces are being provided (HL7, IHE, XDR, etc.)?																										
Section Number:	N/A																										
RFP Page Number:	N/A																										
AGENCY Answer:	The types of interfaces are CCDA, HL7, IHE, both in hospital and clinical settings. (see Answer #13 for more information)																										
Question ID:	13																										
Date Question Asked:	2/5/2016																										
Question:	What types of data elements are being integrated within HL7 interfaces (ADT, ORU, MDN, etc.)?																										
Section Number:	N/A																										
RFP Page Number:	N/A																										
AGENCY Answer:	<table><tr><td>IHE Profile Name</td></tr><tr><td>Patient Identity Feed (Add Patient)</td></tr><tr><td>Patient Identity Feed (Update Patient)</td></tr><tr><td>Patient Identity Feed (Merge Patient)</td></tr><tr><td>PIX Query</td></tr><tr><td></td></tr><tr><td>Register Stored Query - ITI-18</td></tr><tr><td></td></tr><tr><td>Provide and Register Document Set-b - ITI-41</td></tr><tr><td>Provide and Register Document Set-b - ITI-42</td></tr><tr><td></td></tr><tr><td>Register On Demand - ITI-61</td></tr><tr><td></td></tr><tr><td>Retrieve Document Set - ITI-43</td></tr><tr><td></td></tr><tr><td>v.2</td></tr><tr><td>Patient Identity Feed - ITI-8 (ADT A01)</td></tr><tr><td>Patient Identity Feed - ITI-8 (ADT A08)</td></tr><tr><td>Patient Identity Feed - ITI-8 (ADT A40)</td></tr><tr><td>PIX Query - ITI-9 (QBP Q23)</td></tr><tr><td></td></tr><tr><td>v.3</td></tr><tr><td>PRPA_IN201301UV02 - ITI-44</td></tr><tr><td>PRPA_IN201302UV02 - ITI-44</td></tr><tr><td>PRPA_IN201304UV02 - ITI-44</td></tr><tr><td>PRPA_IN201309UV02 - ITI-45</td></tr></table>	IHE Profile Name	Patient Identity Feed (Add Patient)	Patient Identity Feed (Update Patient)	Patient Identity Feed (Merge Patient)	PIX Query		Register Stored Query - ITI-18		Provide and Register Document Set-b - ITI-41	Provide and Register Document Set-b - ITI-42		Register On Demand - ITI-61		Retrieve Document Set - ITI-43		v.2	Patient Identity Feed - ITI-8 (ADT A01)	Patient Identity Feed - ITI-8 (ADT A08)	Patient Identity Feed - ITI-8 (ADT A40)	PIX Query - ITI-9 (QBP Q23)		v.3	PRPA_IN201301UV02 - ITI-44	PRPA_IN201302UV02 - ITI-44	PRPA_IN201304UV02 - ITI-44	PRPA_IN201309UV02 - ITI-45
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Question ID:	14																										
Date Question Asked:	2/5/2016																										

Question:	What types of connections will be required in the future under this RFP?
Section Number:	II – C-6
RFP Page Number:	25
AGENCY Answer:	Any additional vendor configurations not currently identified, whether included in the RFP or not, are required to be supported by the Vendor within 30 days of the identified connection date.
Question ID:	15
Date Question Asked:	2/5/2016
Question:	What is OHR's projection the amount of connections a vendor will complete during the new term?
Section Number:	II – C-6
RFP Page Number:	25
AGENCY Answer:	This requirement is currently under review.
Question ID:	16
Date Question Asked:	2/5/2016
Question:	What types of organizations and connections will comprise this projection (i.e. how many hospitals, clinics, other)?
Section Number:	II – C-6
RFP Page Number:	25
AGENCY Answer:	Hospitals, Clinics, Labs, and any other healthcare location deemed required by Medicaid.
Question ID:	17
Date Question Asked:	2/5/2016
Question:	Does OHR have a preference to self-host vs. a vendor hosted solution?
Section Number:	I – D
RFP Page Number:	9
AGENCY Answer:	No. Medicaid is seeking a solution which conforms to either a vendor hosted or Medicaid hosted, as described in Section I–D.
Question ID:	18
Date Question Asked:	2/5/2016
Question:	Would OHR consider a cloud hosted solution?
Section Number:	N/A
RFP Page Number:	N/A
AGENCY Answer:	Yes.

Question ID:	19
Date Question Asked:	2/5/2016
Question:	Does OHR's question under A-6 (#7) assume that the web based portal includes a patient portal?
Section Number:	II A-6 #7
RFP Page Number:	14
AGENCY Answer:	Yes. The web based portal needs to facilitate access for authorized individuals (e.g. Healthcare providers) and patients.
Question ID:	20
Date Question Asked:	2/5/2016
Question:	Under OHR requirement A-8, are vendors expected to provide a full lab order and results delivery solution?
Section Number:	II A-8
RFP Page Number:	14
AGENCY Answer:	Yes.
Question ID:	21
Date Question Asked:	2/5/2016
Question:	Is this expected to be completed via traditional HL7 lab orders and results or via Direct messaging?
Section Number:	II A-8
RFP Page Number:	14
AGENCY Answer:	It will be completed via traditional HL7 for lab orders and results.
Question ID:	22
Date Question Asked:	2/5/2016
Question:	What types of labs does OHR expect vendors to integrate (national lab providers, hospital labs, etc.)?
Section Number:	II A-8
RFP Page Number:	14
AGENCY Answer:	The types of labs are dependent upon the EHR vendor used by each provider. The components required for CCD or XDS document transmissions are the required components for lab information.
Question ID:	23
Date Question Asked:	2/5/2016
Question:	What are Meaningful Use Program Standards?

Section Number:	II B-12
RFP Page Number:	22
AGENCY Answer:	<p>Under the American Recovery and Reinvestment Act, the Secretary of Health and Human Services has created standards for using electronic health records (EHR) and for exchanging patient clinical data between healthcare providers, healthcare providers and insurers, and between healthcare providers and patients.</p> <p>Meaningful use is using certified electronic health record (EHR) technology to:</p> <ul style="list-style-type: none"> • Improve quality, safety, efficiency, and reduce health disparities • Engage patients and family • Improve care coordination, and population and public health • Maintain privacy and security of patient health information <p>Ultimately, it is hoped that the meaningful use compliance will result in:</p> <ul style="list-style-type: none"> • Better clinical outcomes • Improved population health outcomes • Increased transparency and efficiency • Empowered individuals • More robust research data on health systems <p>Additional information regarding Meaningful Use Program Standards can be found on the CMS website.</p>
Question ID:	24
Date Question Asked:	2/5/2016
Question:	Is this [Meaningful Use Program Standards] a specific definition that is distinctively different than Meaningful Use Objectives?
Section Number:	II B-12
RFP Page Number:	22
AGENCY Answer:	<p>Yes.</p> <p>Standards: Meaningful use (MU), in a health information technology (HIT) context, defines minimum U.S. government standards for using electronic health records (EHR) and for exchanging patient clinical data between healthcare providers, healthcare providers and insurers, and between healthcare providers and patients.</p> <p>Objectives: Meaningful Use sets specific objectives that eligible professionals (EPs) and hospitals must achieve to qualify for Centers for Medicare & Medicaid Services (CMS) Incentive Programs.</p> <p>CMS, which administers the incentive programs, provides specification sheets to help professionals and hospitals understand the requirements of each objective and demonstrate meaningful use successfully.</p>

Question ID:	25
Date Question Asked:	2/5/2016
Question:	Is OHR requesting information regarding all of a vendor's open source tools or those specifically related to Meaningful Use Program Standards?
Section Number:	II. B-12
RFP Page Number:	22
AGENCY Answer:	Yes. Medicaid is requesting information on all of the vendor's open source tools, including those tools for Electronic Clinical Quality Measures (eCQM).analysis.
Question ID:	26
Date Question Asked:	2/5/2016
Question:	Is the technical infrastructure and solution of the outgoing vendor available? This will be necessary to formulate a migration plan for OHR.
Section Number:	II. C-1
RFP Page Number:	22-23
AGENCY Answer:	The current vendor will collaborate with the new vendor to develop a mutually agreeable plan and timeline to transition AL One Health Record data in a manner that will minimize any disruption of processing and services.
Question ID:	27
Date Question Asked:	2/5/2016
Question:	Why does OHR require two vendor personnel to be located on-site for the first two years of the contract?
Section Number:	VII. 14
RFP Page Number:	30
AGENCY Answer:	This requirement is currently under review.
Question ID:	28
Date Question Asked:	2/5/2016
Question:	Is this requirement [two vendor personnel to be located on-site] negotiable with OHR?
Section Number:	VII. 14
RFP Page Number:	30
AGENCY Answer:	This requirement is currently under review.
Question ID:	29

Date Question Asked:	2/5/2016
Question:	Regarding the reference to help desk support, please clarify that the Alabama support team will be Level 1 support 24/7/365 and vendor team is Level 2 and above 24/7/365. If not, please clarify hours for primary and secondary support coverage by vendor.
Section Number:	II.
RFP Page Number:	11
AGENCY Answer	The Vendor support team will provide help desk support 24/7/365.
Question ID:	30
Date Question Asked:	2/5/2016
Question:	Please explain the use case for constraining information being displayed to the patient.
Section Number:	A-6 #7
RFP Page Number:	14
AGENCY Answer:	Use case for patient portal: A patient has no search capability within the patient portal.
Question ID:	31
Date Question Asked:	2/5/2016
Question:	Please confirm that the prescription history content is required to be included as a data source and the cost associated with obtaining Rx history included in price.
Section Number:	A-7
RFP Page Number:	14
AGENCY Answer:	The Vendor's response must specify a firm and fixed fee for the completion of the health information exchange development, implementation, and updating/operation process.
Question ID:	32
Date Question Asked:	2/5/2016
Question:	Please describe the use case and desired workflow for lab ordering and resulting in a State HIE. Please include any national standards or requirements that need to be adhered to.
Section Number:	A-8
RFP Page Number:	14
AGENCY Answer:	The lab connectivity for structured lab results is dependent upon the EHR vendor used by each provider. The components required for CCDA or XDS document transmissions are the required components for lab information.

Question ID:	33
Date Question Asked:	2/5/2016
Question:	Please describe the use case for state HHS gateway and the current technology framework for the HHS system.
Section Number:	B-2 #7
RFP Page Number:	17
AGENCY Answer:	This requirement has been removed.
Question ID:	34
Date Question Asked:	2/5/2016
Question:	Does B-10 #7 infer that there is a desire to have clinical data analytics included in the offering? If so, how does that conflict or compliment requirement B-13 to export data to a Medicaid data warehouse?
Section Number:	B-10 #7 & B-13
RFP Page Number:	21 & 22, respectively
AGENCY Answer:	The expectation is that the solution includes a data warehouse to analyze the clinical data as described in Section B-10. The Vendor solution must also support the exporting of all collected data to Medicaid.
Question ID:	35
Date Question Asked:	2/5/2016
Question:	Please elaborate on 'must meet ANSI and PMI standards'. Believe these to be 'guidelines' versus 'standards'.
Section Number:	C-3
RFP Page Number:	24
AGENCY Answer:	Both PMI and ANSI refer to their publications as standards. If a Vendor disagrees with that characterization the expectation is that the standard or guidelines will be followed.
Question ID:	36
Date Question Asked:	2/5/2016
Question:	Please confirm whether this requirement is referring to the initial implementation for the state HIE, individual connections to the HIE or both.
Section Number:	C-3 - #4 -
RFP Page Number:	24
AGENCY Answer:	Both.
Question ID:	37
Date Question Asked:	2/5/2016

Question:	Would AL Medicaid consider a modified staffing approach? For example, Vendor staff onsite a certain number of days each month but based in Vendor office for ability to have continued knowledge transfer, trouble-shooting and other efforts that would benefit from being with other Vendor associates.
Section Number:	VII
RFP Page Number:	30: #14
AGENCY Answer:	This requirement is currently under review.
Question ID:	38
Date Question Asked:	2/5/2016
Question:	Would AL Medicaid like to receive proposed revisions to the Attachments at the time of proposal submission?
Section Number:	Appendix C
RFP Page Number:	48
AGENCY Answer:	Medicaid does not accept proposed changes to the Attachments during this stage of the procurement process.
Question ID:	39
Date Question Asked:	2/5/16
Question:	This section indicates that vendors must comply with HITSP, but some HITSP specifications (e.g. C32) were succeeded by CCDA in MU Stage 2. In this case would the vendor be expected to support both content standards?
Section Number:	B-1
RFP Page Number:	16
AGENCY Answer:	All stages of Meaningful Use (MU) must be supported.
Question ID:	40
Date Question Asked:	2/5/16
Question:	Is there a list of specific national standards and their versions that are expected to be in compliance with? E.g. HL7 FHIR DSTU version 2.
Section Number:	B-1
RFP Page Number:	16
AGENCY Answer:	If one of the standards organizations listed in this requirement has issued a standard for task required of the vendor in this RFP, the vendor must support the latest version of that standard as well as all other prior versions still in widespread use..
Question ID:	41
Date Question Asked:	2/5/16

Question:	Question 2 indicates that how the proposed solution utilizes the CONNECT open source software must be described. What does this mean exactly, how the CONNECT software is implemented with the proposed solution, or how the proposed solution interacts with the CONNECT software, or something else?
Section Number:	B-5
RFP Page Number:	19
AGENCY Answer:	Refer to Question ID: 40 for the answer to the referenced Vendor Question. The Vendor should describe how the purposed solution interacts with CONNECT software. If CONNECT is part of the purposed solution then that should be included in the description.
Question ID:	42
Date Question Asked:	2/5/16
Question:	What is meant by "standard APIs" in this sentence: "The solution needs to be able to interface EHR, Lab&Rx, Registration (ADT), Practice Management, Claims, Genomics, and other data sources to be defined using standard APIs that will bring Health Information (data) that will be modeled and transformed into Information that can be analyzed."
Section Number:	B-10
RFP Page Number:	21
AGENCY Answer:	The Vendor solution should adhere to open standards with interoperability to allow communication to the other systems noted in B-10.
Question ID:	43
Date Question Asked:	2/5/16
Question:	What stage(s) of MU functionality must be supported?
Section Number:	B-12
RFP Page Number:	22
AGENCY Answer:	All stages of Meaningful Use must be supported.
Question ID:	44
Date Question Asked:	2/5/16
Question:	Does the Medicaid Agency utilize any analytics applications today? If so, have you considered sending these systems clinical data from the Alabama HIE?
Section Number:	N/A
RFP Page Number:	N/A

AGENCY Answer:	Medicaid does not currently utilize any analytics applications for the HIE.
Question ID:	45
Date Question Asked:	2/5/16
Question:	On p. 3 of the RFP, the table of events lists "Official Contract Award/Begin Work" on June 20, 2016, and "Existing Migration Deadline and Go-live Date" on July 1, 2016. Could you please describe the Scope of Work for initial migration and go-live that must take place during these 14 days?
Section Number:	Section B. Schedule of Events
RFP Page Number:	3
AGENCY Answer:	Refer to Amendment I posted on 2/17/2016 on the Medicaid website.
Question ID:	46
Date Question Asked:	2/5/16
Question:	What kind of data and how many participants are expected to be part of the initial go-live?
Section Number:	Section B. Schedule of Events
RFP Page Number:	3
AGENCY Answer:	The selected Vendor can anticipate to establish the connections as described in I. Background and any additional providers acquired by Medicaid prior to the award date.
Question ID:	47
Date Question Asked:	2/5/16
Question:	On p. 8 of the RFP, it lists as one of OHR's goals and objectives: "Create immediate access to critical health information for patients, providers, and payers to ensure health information is available to health care providers at the point of care for all patients." Does OHR wish to limit its access to clinical and financial data to portals only, or does OHR wish to implement new access points, such as mobile devices, tablets, etc., for providers, payers and patients?
Section Number:	I. Background
RFP Page Number:	8
AGENCY Answer:	No. Medicaid does not wish to limit its access to clinical and financial data to portals only.
Question ID:	48
Date Question Asked:	2/5/16

Question:	Also, in regards to the OHR goal listed in question 3: Do you wish OHR services to include analytics services? For instance, these services would identify patients who might be candidates for chronic disease registries using HIE and claims data?
Section Number:	I. Background
RFP Page Number:	8
AGENCY Answer:	Refer to Question ID: 47 for the answer to the referenced Vendor Question. The expectation is that the solution includes a data warehouse to analyze the clinical data as described in Section B-10. The Vendor solution must also support the exporting of all collected data to Medicaid.
Question ID:	49
Date Question Asked:	2/5/16
Question:	On p. 8 of the RFP, it lists as one of OHR's goals and objectives: "Support the transformation of health care delivery to a quality patient-centered model that engages and educates consumers and providers about the benefits of HIE, and ensures knowledge about privacy rights and protections." Is digital patient/consumer engagement important to OHR in the delivery of point-of-care decisions? For example, does OHR want the ability to share previous claims and clinical information with the consumer to shape what might be best for them based upon their history within the HIE, evidence-based clinical guidelines and cost?
Section Number:	I. Background
RFP Page Number:	8
AGENCY Answer:	The expectation is that the solution includes a data warehouse to analyze the clinical data as described in Section B-10. The Vendor solution must also support the exporting of all collected data to Medicaid.
Question ID:	50
Date Question Asked:	2/5/16
Question:	Also, in regards to the OHR goal listed in question 5: How are you currently providing cost of care/treatment information to member/patients? Is it important for the OHR core HIE systems to provide price transparency to consumers as a component of referral decisions?
Section Number:	I. Background
RFP Page Number:	8
AGENCY Answer:	Refer to Question ID: 49 for the answer to the referenced Vendor Question. No. The requirements are defined within the RFP.

Question ID:	51
Date Question Asked:	2/5/16
Question:	How are you reaching patients, payers and care teams today to facilitate real-time care collaboration? Ideally, how do you expect the core HIE system data to support these functions?
Section Number:	N/A
RFP Page Number:	N/A
AGENCY Answer:	The requirements are defined within the RFP.
Question ID:	52
Date Question Asked:	2/5/16
Question:	Is it intended for subcontractors to possess the same qualifications as prime vendors? A subcontractor may enhance a vendor bid by providing HIE subject matter expertise, however, the corporation that they belong to may not have the required HIE experience. Is it acceptable for those organizations to serve in a consulting role to a prime vendor?
Section Number:	VII. Corporate Background and References
RFP Page Number:	28
AGENCY Answer:	The Vendor must clearly identify the roles each subcontractor will play. The information provided in this section should be sufficient to indicate that the subcontractors included in the response are fully competent to fulfill the role(s) in which they will serve on the contract.